COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/15

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

01	LAST NAME FIRST NAME MI SUI	FIX
	CEPEDA JUHANNY	
02	ADDRESS office (business or governmental) or home Reading PA 19601 (610) 373-	<del>9</del> 57
NC	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.	IBERS.
03	Check th	
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) as a solicitor	nding
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Seeking hold held	
Α.[	CITY COUNCIL	
_	seeking hold held held	
В		
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, columb, selection of the commission of the com	twp, etc.)
А		
_ [		<del></del>
В		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR Indicate calendar year for which form is being tiled. SEE INSTRUCTION OF THE PROFESSION (This may be the same as block 4)	ONS.
_ <u> </u>	Self Employed Business Uwner doll 7	
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.   Interest Rate  Address:	
	reality.	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.	LY)
	Name: HI CASA SUCASA Address: 320 Penn Street	
	Reading, PA 19602	
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	•
	Value of Gill	<del></del>
۱	Address of Source of Gift Circumstances (including description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value	
. [	Source (Name and Address)	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	
10	Business Entity (Name and Address)	
	Name: MI CASA SU CASA, LLC Address: 320 Penn Street owner/m	arage
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Name and Address of Business	
	MI CASA SU CASA, LLC 320 Penn Street owner	<del>-</del>
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)	
	Transferee (Name and Address)  Relationship  Date Transferred	
The u to the	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made e penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §4109(b).	subject
	Signature Atlany Upda Enter Current Date	
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.	

Red SX 3/00/15

### City of Reading

#### **Candidate Political Committee Form**

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee:	Friends of Johanny Cepedo	-
Name of Candidate:	Johanny Cepeda	-
Bank Account Information of Committee:	M * T Bank	-
Treasurer's Name:	Ana Cepeda	_
Date Formed:	Ana Cepeda 3/10/15	_
Report Prepared By:		
Tohonny Coned	la	
Name: 3/10/15 Date:		•
Date:		

Rud SX 3/10/15

### City of Reading

### **Campaign Finance Disclosure Statement**

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

Johanny Cepeda Printed Name

ignature

3/10/1



## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

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Number: (Mark X)	ndidate Committee Lobbyist
Name of Filing Committee, Candidate or Johanny (	Ceredo
Street Address	ut st
City Reading Sta	ite PA Zip Code 1960
Type of Report (Place x under report type)	The second secon
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post 4- 6 <sup>th</sup> Tuesday 5- 2 <sup>nd</sup> Fri Pre-Primary Pre-Primary Primary Pre-Election Pre-Election	
Date Of Election (MM/DD/YYYY) 5 19 3015 Year	Amendment Termination Report Report
Summary of Receipts and From Date To Date Expenditures 31015 51415	For Office Use Only
A. Amount Brought Forward From Last Report \$	
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	
C. Total Funds Available \$ (Sum of Lines A and B)	
D. Total Expenditures \$ 275 00	
E. Ending Cash Balance S - 275	RECE PRECE 1997 8
F. Value of In-Kind Contributions Received \$ (From Schedule II)	SEIVE
G. Unpaid Debts and Obligations \$	PM 3
(From Schedule IV)	rt Section
Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report	≠± candidate sign here.
I swear (or affirm) that this report, including the attached schedules on paper, is to Sworn to and subscribed before me this	the best of my knowledge and belief true, correct and complete.
Today of 1/au 2015	The Shands
- Mule A Bolt 8 8 8 8	Signature of Person Submitting report
Signature 1990 10 1998	Printed Name
My Commission expires 1700 WR. DAY YR.	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committing, candidate all signs a swear (or affirm) that to the best of my knowledge and being this political commit amended.	gn here. ttee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	
day of20	
	Signature of Candidate
Signature	Printed Name
My Commission expires MO, DAY YR.	Area Code Daytime Telephone Number
	राहरण राज च्या द्व
	Nagary a

### SCHEDULE I

## Contributions and Receipts Detailed Summary Page

Filer Identification Number				
1.Uniternized Contributions and Receipts-\$	50.00 or Less per Contributor			
	Total for the reporting period (1	l) \$		
2: Contributions of \$50.01 to \$250,00 (Fro Part A and Part B)	m.			
Contributions Received from Political Comm	nittees (Part A)	\$		
All Other Contributions (Part B)		\$	4.	
	Total for the reporting period (2	2) \$		
3. Contributions Over \$250.00 (From Part C	C and Part D)		· · · · · · · · · · · · · · · · · · ·	
Contributions Received from Political Comm	ilttees (Part C)	\$		
All Other Contributions (Part D)		\$		
	Total for the reporting period (3	3) \$		
4. Other Receipts-Refunds, Interest Earned	l, Returned Checks, ETC: (From Part E)			
	Total for the reporting period (4	1) \$		
Total Monetary Contributions and Receipts of enter amount totals from Boxes 1, 2, 3 and 4 Cover Page, Item B)		s rt		

## Statement of Expenditures

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City	** The state of th	State	Zip Code			<b>文字</b>
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City.	To see the second secon	State	Zip Code			
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House #	Street Address			A A A A A A A A A A A A A A A A A A A	Description of Expenditu	C
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To Whom Paid	dender the second	A Company of the Comp			Date [MM/DD/YYYY]	
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-Cliy	The second secon	State	، Zip - Gode-			
					the street of th	the second secon

### SCHEDULE IV

Filer Identification Number:

### **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	The second section is a second section of the second section of the second section section is a second section of the second section s		
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address	DATE DEBT INGURRED	SS
		[MM/DD/YYYY]	
		Teles	
City .	Sta	te Zip Code	
Description of Debt	种性的	がある。	NOTES:
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Name of Creditor		e in de la participa de la companya	Outstanding Balance of Debt
House # Stre	et/Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City	Sta	të Zip Z	
		Code	
Description of Debt			
Name of Greditor			Outstanding Balance of Debti
House # Stre	et Address	DATE DEBT INCURRED	<b>\$</b>
		[MM/DD/YYYY]	
		te Zip	
City The state of	Sta	Code	
Description of Debt	Processes and the second secon	Processing Section 1	
Name of Creditor			Outstanding Balance of Debt
	ALCONOMIC CONTROL	DATE DEBT INGURRED	243
House # Stre	et/Address	[MM/DD/YXXY]	
City	Sta		
Description of Debt		Code	
Description of Dent			
Name of Greditor			Outstanding Balance of Debt
House # Stre	at Address	DATE DEBT INGURRED	<b>is</b>
		[MM/DD/YYYY]	
(City)	Sta	te Zip Gode	
Description of Debt			<b>图写</b>
Name of Greditor			Outstanding Balance of Debt
House # Stree	esAddress	DATE DEBITINGURRED	
		[MM/DD/YYYY]	
		Skil Seekille.	
Gity	Stat	te Zip Gode	
Description of Debt	Million Company (1997)		
والمتحدث والمتحدد	the annual contemporary of the property of the contemporary of the	and the first of the contribution of the contr	



### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By ( Co	andidate // \$	Committee	Löbbyist
Name of Filing Committee, Candidate or Section Committee, Candidate or Committ	Friends o	f Johann	y Cenedo	h will find and blesson and
Street Address	144 Waln	ut Street		
City Reading	St	ate PA	Zip Code 1960	) \
Type of Report (Place x under report type)	and the second s		Section and Section At Opposition 5, 2, 2, 40, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6th Tuesday   5-2th F Pre-Election   Pre-Ele		t 7- Annual Special 2 <sup>nd</sup> F Pre-Election	(1985-1985-1985-1985-1985-1985-1985-1985-
Date Of Election (MM/DD/YYYY) 5/19/2019	Year.	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures	To Date		For Office Use On	White the street of the street
A. Amount Brought Forward From Last Report	s -()	<u> </u>	1900 - N. H.	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1175		ζ1ι) <u>)</u>	<u> </u>
C: Total Funds Available (Sum of Lines A and B)	\$ 1175			RECE BERKS ELECTION
D. Total Expenditures (From Schedule III)	\$ 200		•	N ECK
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 975			پست فیا پرخ
F: Value of In-Kind Contributions Received (From Schedule II)	\$ 2316,9	5		ン <b>ラ</b> マ
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0			ES
Part 1- If this is a Committee report, treasurer sign he		avit Section ort, candidate sign here		v
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	hed schedules on paper, is	to the best of my knowle	edge and belief true, correct and o	complete.
Syldav.of Acommonwealth, of Pennsylv	NIA .	Ma	bele	
Carmen D. CARMENDUMA		Signature MUH	e of Berson Submitting, report	
Signature Notary Public CITY OF READING, BERKS COL My Commission explay Contribution Explores that 124	NTY . 2019	610	Printed Name	-10
My Commission expires your party	<u> </u>	Area Code	Daytime Telephone	Number
Part II- If this is a report of a Candidate's Authorized C	ommittee, candidate shall	sign here.		
I swear (or affirm) that to the best of my knowledge ar amended.	nd belief this political comm	nittee has not violated ar	ny provisions of the Act of June 3,	1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this  COMMONWEALTH OF PENNSYLVANIA  NOTABLE SEAC  CARMEN D LIMA  NOTABLE PUBLIC  STOTTUTE READING, BERKS COUNTY	<b></b>	Afai Tohan		
My Commission Expires Mar 17,20  My Commission Expires Mar 17,20  MO. DAY YR.	4	610 Area Code	375-116 Daytime Telephone N	umber
			EEDEL N V M M	

#### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
	anisa da sa		
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1) \$	2500	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			源度
Contributions Received from Political Committees (Part A)	\$	250	
All Other Contributions (Part B)	\$	400	
Total for the reporting period	(2) \$	650	
1 A Section of the Control of the			o provincia di i
3: Contributions Over \$250.00 (From Part C and Part D)			
3. Contributions Over \$250.00 (From Part C and Part D)  Contributions Received from Political Committees (Part C)	\$		A Comment
and the second of the second o	\$		A STATE OF THE STA
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)	\$ \$ (3) \$		
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)	\$	500 - <del>- 0</del>	· · · · · · · · · · · · · · · · · · ·
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period  4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)	\$	500	

**建设有限的信息** 起於原始的**的**规则

MOTABLE STAL CARNEL OLIMA noray Public City of Reading, Benes County My Commission Exores Mai 17 2019

ACAN TRAMEN DE PLASMONION DE SERVICION DE SE Anday Podes 1970 De Heading Ether County M Commission (genes Mar 17, 2013

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number 9 %		eren i i i i i i i i i i i i i i i i i i i	and the second
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committee Citizens for a Gu	eater Reading	04/01/2015	250 <sup>®</sup>
Citizens for a Gy House # 1716 Street Address Olive St	U į	Date [MM/dD/YYYY]	\$ 1
City State Zi	n Code	Date [MM/DD/YYYY]	\$
Reading PA	19604	•	19 19 19 19 19 19 19 19 19 19 19 19 19 1
Full Name of Contributing  Committee		Date [MM/DD/YYYY]	\$ 1
House # Street Address		Date [MM/DD/YYYY]	\$
2702-25	p Code	Date [MM/DD/YYYY]	\$   
Full Name of Contributing	The property of the control of the c	Date [MM/DD/YYYY]	6 <b>c</b> a.
Committee			
House # Street Address		Date [MM/DD/YYYY]	
	p Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	<b>\$</b>
House ## Street Address		Date [MM/DD/YYYY]	
City State Zig	o Code	Date [MM/DD/YYYY]	<b>5</b>
Full Name of Contributing Committee	1.5 1.6 1.6 1.6	Date [MM/DD/YYYY)	\$% #2
House # Street Address	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City	o Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	### ### ### ### ### ### ### ### ### ##	The second secon	51
House # Street Address	The state of the s	Date [MM/DD/YYYY]	
City State Zip	Code :	Date [MM/DD/YYYY]	\$

#### PART B

#### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

		and the second s
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Tom McMahon  House # 135 Street Address Washington St	03/18/2015	200.00
House # Street Address	Date [MM/DD/YYYY] \$	100 Maria
135 Washington St		
City Reading State PA Zip Gode 19601	Date [MM/DD/YYYY] \$	To a many house
Fill Name of Contributor	Date [MM/DD/YYYY] S	200
Bran James	3/27/2015	10000
House # Street Address	Date [MM/DD/YYYYY] \$	
House # 201 Street Address Washington St		The second
City Reading State PA Zip Code 19601	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	and the contract of the contra
Frederick Reichle	4/29/2015	10000
House # Street Address	Date [MM/DD/YYYY] \$	
House # 40 Street Address South 5th St		
City State Zip Code 10/100	Date [MM/DD/YYYY] \$	
Reading PA 19602		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
A STATE OF THE STA	(E)	
House # Street Address	Date [MM/DD/YYYY] \$	
	E CONTRACTOR CONTRACTO	
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/MYYY]	
House:#/s Street:Address	Date [MM/DD/YYYY] \$	
City State Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributors	Date MM/DD/MAM S	
#House # Street Address	Date [MM/DD/YXYY] \$	
City State Zip.code	Date [MM/DD/YYYM] S	

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:					
		and the second s			
Full Name of Contributing Committee	Aveater Read Address Upland	ling PAC	© Date [MM/D] 04 24 2	201S	500,00
Calle of white the section of the called the	C / WWW (C / C / C / C / C / C / C / C / C / C		Daté [MM/D		
Reading	State	A Zip Code 191	609 Date (MM/D	**************************************	
Full Name of Contributing Committee		The second secon	*Date [MM/D	D/(cyyy] \$	
House # Street /	Address		Date [MM/DI	D/YYYY] \$	
City	State	Zip Code	Date [MM/DI	D/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DI	o/yyyy] [\$	
House # Street.	Address		Date [MM/DI	2//YYY]	
City.	State	ZIP Code	Date (MM/DI	D/YYYY] s	· _ ·
Full Name of Contributing Committee *			Date (MM/DI	)/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
House # Street A	Address	·	· Date [MM/DI	3/AYYYY] \$	
City	State	Zip Code	Date [MM/DI		
Füll Name of Contributing Committee			∜Date [MM/DI	i/mm s	
iHouse # Street A	Address		©Date:[MM/DI	//(Y/Y/)   S	
Gity,	State	Zip Gode	Date (MM/DI		
Full Name of Contributing Committee			(Date(IMM/D)	7/ <b>***</b> *********************************	
House# Street A			Date (MM/DD		
City _	State	Zip Code	Date (MM//DD	)/\\Y\\Y]	

#### PART D

#### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer identification Number:

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Full Name of C	ontributor		A Street of the Street of the Street		Date [MM/DD/YYYY] \$	
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House #	Street Address				Date [MM/DD/YYYY] \$	
City.	<b>国际公司的公司的公司的公司</b>	State	Zip Code		Date [MM/DD/YYYY] \$	
		2. E. S. E.	Self terreplace	1.		
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House #	Street Address				Date [MM/DD/YYYY] \$	
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Citý		State	Zip Code		Date [MM/DD/YYYY] \$	
Employer Nam	e v	1944 P. B. F. F.	THE STORY OF THE STORY OF THE STORY		Occupation	
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Employer Mall Principal Place			en e			
Full Name of C	ontributor	Karaman dan Kabupatèn Jawa dan Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Ka Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai Kabupatèn Sebagai K	entered and a second of the se	and the second of the second o	Date [MM/DD/YYYY] \$	
House #	Street Address	······································	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
				ė .		
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Edit Maille Olive						
House #					Date [MM/DD/YYYY] S	
Flouse #	Street Address				Pare IMM/DD/61101 32	•
		To the second			Date [MM/DD/YYYY] S	•
City		State	Zip Code		Pare IMM/DO/##1#	
Employer Nam					Occupation	
					OSCUPATION:	
Employer Mail Principal Place						
ELITICIPAL PIACE	UI DUDIIICOO	N 10			eta di	

#### PART E

### **Other Receipts**

#### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Numbers	et til film og det kring sidden skipper og kringlen er skipper former kringe skipper og en en en en en en en e	and the state of the	
	and the state of t	and the second s	gerren an en de en 1860 au 1860 au 1860 de 1860 de la compresión de compresión de la compresión de compresión d
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	and the definition of the contract of the cont	and the second s	
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	and the second second second second second second		
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House'# Street Address			
City	State	Zip Code	Date [MM/DD/XXXX] \$
Receipt Description			· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE II

#### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

VEIIer (dentification Number)		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED AVAILUE	OF S5000 OR LESS PER GONTRIBUTOR	
TOTAL for the reporting period (1)	\$ 4260	
22 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.011TO	\$250.00 (FROM PART E)	
TOTAL for the reporting period (2)	<sup>5</sup> 775	
3; IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250:00	(FROM:PART/G)	
TOTAL for the reporting period (3)	\$ 1499.95	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTIN PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also e on Page 1, Report Cover Page, Item F)		

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Füll Name of Contributor Edna Dipini	Date [MM/DD/YYYY]] SS 100 PD
House # 925 Street Address Grandell Avenue  City Reading State PA Zip Code 19604	Date [MM/DD/YYYY] \$\$
Reading PA 19604  Description of contribution Photoshoot & Plyce	李明统统
Full Name of Contributor Earl Lucas	100 PDate [MM/00/XXXXII] SS 100 PD
House # 335 Street Address Sunset Rd	Date [MM/DD/YYYY] \$
City West Reading State PA Zip Code 19611  Description of Contribution PA CAG	1
Photo on cover of Affill Name of Contributors	Date [MM/DD/YYYY] \$5"
House # Street Address , Street Address ,	5/1/15 250
1115 North 13th st.	Date (MM/DD/YYYY) \$
Reading PA 19604	Control of the Contro
Full Name of Committee Charles Contributor	Date [MM/DD/YYYY] S 50°5
House # 54 Street Address Sawarass Dr.	Date MM/DD/YYYY1 \$
Beading State PA Zip Code 19606  Description of Contribution 4514 has place Co Decrease.	
Description of Contribution	cratic Committee Spring Plins the
House #3. Street: Address	Date (MM//DD/YYYYM) \$
City. State ZIp.Code.	Date [MM/DD/YXXY] \$
Description of Contribution	

## SCHEDULE II Part G

## In-Kind Contributions Received VALUE OVER \$250

Filler Accentification Number 4

	The second second section of the second seco
Full Name of Contributor	Date [MM/DD/YYYY] S
Citizens for a greater Reading	4/13/2015 1499.95
Street Address	Date (MM/DD/YYYY) \$
Olive States Zip Code **	Date [MM/DD/YYYY] 25
City Reading States PA 21p Code 19604	Date: (WW/DD/; 111)
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	pescription Printing Expenses of Contribution Palm Cards / Signs
n/a	
Fall Name of Contributor	Date [MM/DD/YYYY] \$
*House # Street Address	2Date [MM/DD/YYYY] \$ \$
Silect Address	Company of the control of the contro
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of
Füll Name of Contribution	©Contribution State [MM/DD/YYYY] State [MM/DD/YYYY]
	Parties and the second
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
Employer Name *	¿Occupation
Employer Mailling Address // Principal	*Description
Place of Business	off Contribution:
Full Name of Contributor	Date [MM/DD/WW) \$
House #7 Street/Address	Date [MM/DD/YYYY]
City State Zip Gode	Date [MM/DD/YYYY] \$
	A CONTRACTOR OF THE CONTRACTOR
Employer Name	Occupation:
Employer Mailing Address / Principal Place of Business	Description .
	Contribution

## Statement of Expenditures

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Reading	State	Zip Gode 1960		
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City /	State	Zip Gode		
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#### SCHEDULE IV

### **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number

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<u></u>	Name of Creditor		Control of the second state of the second stat	No the feet of the second second		Outstand	ing Balance of	Debt
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	Description of Debt			Control Adjoint Control (Co.)	(minimalinaritetativista	(2001)(888)		
	Name of Creditor				/	VOutstand	ing Balance of	Debt.
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		et Address		State	[MM/DD/YYYY]		ng Ballance of I	Debt
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	City  Description of Debt  Name of Greditor  House # Stre			State	[MM/DD/WYY)  Zip Code  DATE DEBT INCURRED  [MM/DD/WYYY]	Outstandi		Děbt:
	City  Description of Debt  Name of Greditor  House # Street  City  Description of Debt			State	[MM/DD/WYY)  Zip Code  DATE DEBT INCURRED  [MM/DD/WYYY]	Outstandi	ng Balance of L	Děbt:
	City  Description of Debt  Name of Greditor  House # Street  City  Description of Debt	et Address		State	[MM/DD/WYY]    Zip     Code     Code     Code     Code     Code     Code     DATE DEBT INCURRED     Code     Code	Outstandi	ng Balance of L	Děbt: